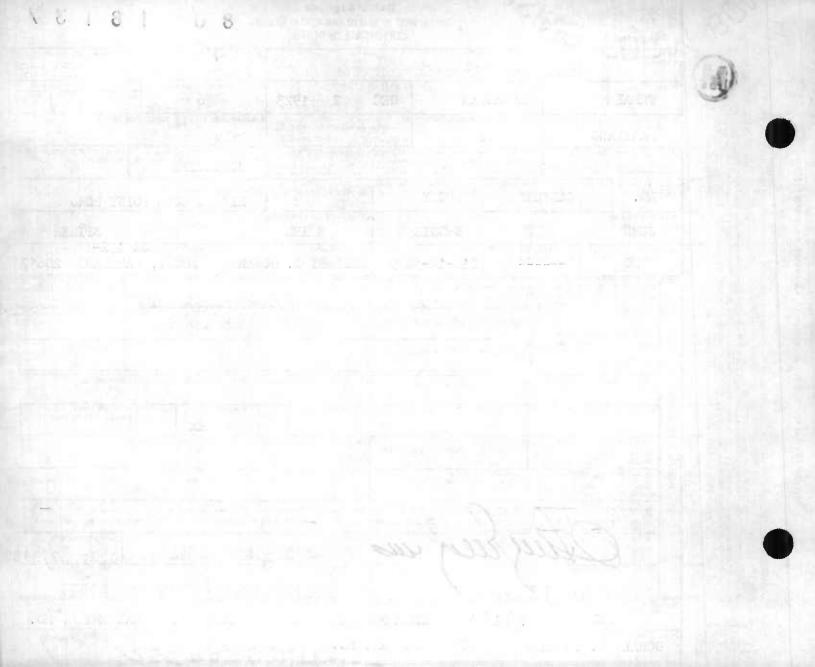
11 =			STATE OF MARYLAND
23	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIERE (1 8 3 6
	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	1. DE	CEASED NAME ARST	MIDDLE 20. DATE KNOWN DAY YEAR 26. HC
		PE OR PRINT)	OF ESTI-
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当5年支票で ユ	3. SE	4 RACE S DA	ATE OF BIRTH 6 AGE (IN YEARS I UNDER 1 1 20 DATE MONTH DAY YEAR 24 HO
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AY IS THE 301	10.5	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOMF OB OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 126), KIND OF BUSINESS FOR MOST OF WORKING LIFEL OR INDUSTRY
1201 - ANY DELAY IS AND 3 TO THE RETAIN PAGE HOULD BE FILED RECORDS, 301	10	1. Fred	Calvert Memorial Hospital U.S. Army - Ret. Military
F ANY DELA AND 3 TO RETAIN P. HOULD BE RECORDS	USU	AL RESIDENCE (IF IN NO OME OR OTHER	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS
ANN AND AND AND AND AND AND AND AND AND	136. 5	TATE / A TUN COUNTY	13c. STY OR TOWN 13d INSIDE CITY LIMITS 13e STREET ADDRESS 5
		Va	Wing My YES NO 1600 J- COCO 2T
	14. F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME MIDDLE LAST
PAN NO 2		EUTPNE	Blackwell Willie HAM MAIN.
IMORE, MD	16a. Y	WAS DECEASED EVER IN U.S. ARMED FO	ORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS COO C TO-SC C+
E P. S.		(IF WITT AR OR	ROSHES 1000 07 8801. [Cothenine I Blackwall 1000 D. Edus D.
BALTIMORE, MD. URS AFTER DEATH WITH FORM PM. PAGES 1 AND 2 DIVISION OFWITA		100	All Land von 1
		18. CAUSE OF DEATH (Enter only one	cause per line fac (a). (b), and (c).) APPROXIMATE INTERVA
W. PRESTON ST., D WITHIN 24 HOL ENCIL IN ITEM ANNER ALONG TRANSIT PERMIT ENTAL HYGIENE, I REMOVAL.		PART I DEATH WAS CAUSED BY:	Daleria Alexander Van Olinean
TON THE ALORES		41/10 IMMEDIATE CAL	DUE TO, OR AS A CONSEQUENCE OF
SIT A SIT AN		Conditions, if any, which	3,000
OI W. PREST UTED WITHIN N PENCIL IN EXAMINER & RATA-TRANSIT ARATVAL HY OR REMOVAL	1	gave rise to immediate	(b)
REN REN	1	couse (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF
S, 301 W. PRESTON ST., ECUTED WITHIN 24 HOL 3" IN PENCIL IN ITEM 18 AL EXAMINER ALONG BURIAL-TRANSIT PERMIT AND MENTAL HYGIENE, DN, OR REMOVAL.		Tyring coose ross.	(c)
XECU XECU G" IN CAL E BUR AND ON, O		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
DIVISION OF VITAL RECORDS, 36 S CERTIFICATE SHOULD BE EXECU- RITING THE WORD "PENDING" IP ROED TO THE CHIEF MEDICAL! E 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH AND PRIOR TO BURIAL, CREMATION,	Z		
- AND	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?
TAL RECHOUD HOULD NO. PER CHIEF A USED OF HEA CREAL CREAL	15	196. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?
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NICE NE	N N		STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STA
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PIN R: THIS C TE, WRIT DRWARD S: PAGE STATE I	1		
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KAMIN ERTIFIC TO BE IN THE THE WITH THE		death resulted from Alarural cau	uses Accident Sociale . Homicide . Undetermined manner
ERT	1	(()	TITLE (SPECIFIC #
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DICA TE TH VERA DEAT			0 11 + 4 3-11
MEDICAL CUTE THE EE 4 SHO FUNERAL TWORE W	4	EXAMPLET'S NAME 1/0	one Huntington NO
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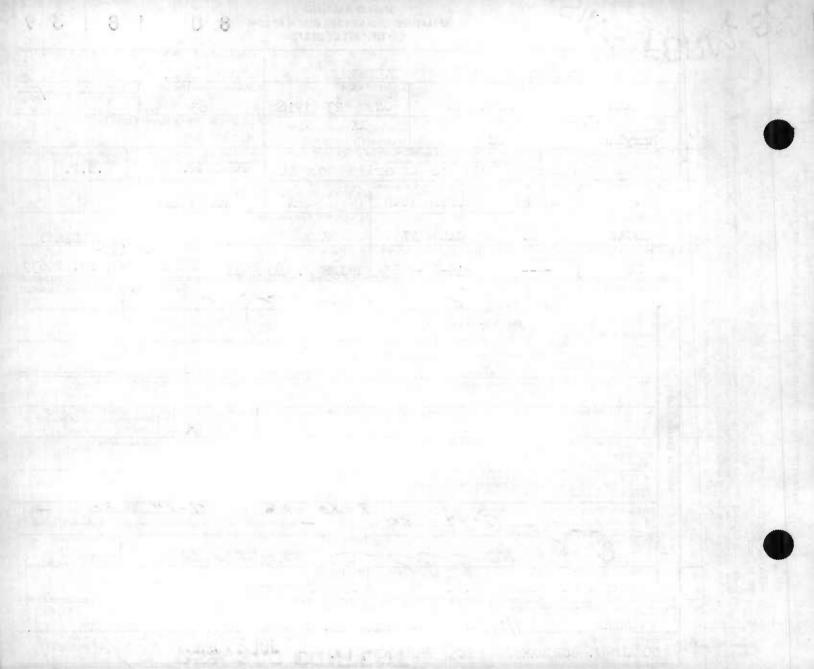
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Donald V. Borgwardt Port Republic. Maryland

(VRA 15, 4) 1/79

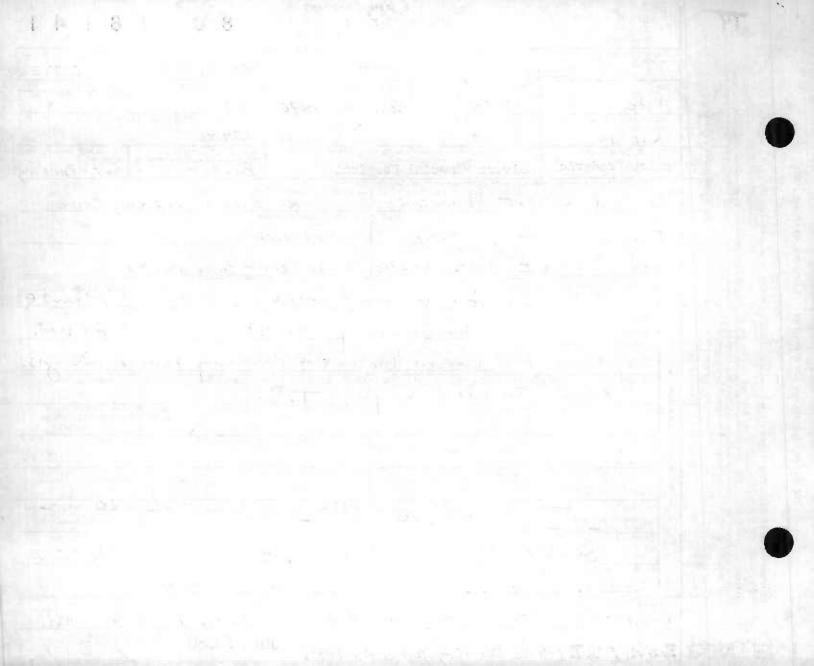
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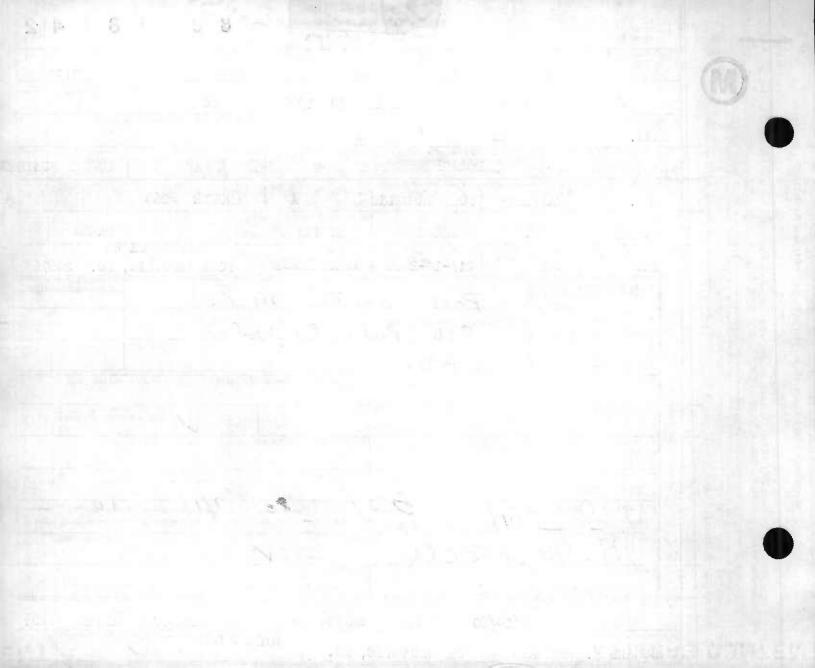


-	FOR STATE REGISTRAR		DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 0	18140
0 0 5	I. DECEASED NAME (TYPE OR PRINT)	rest Hilmer	Emanue1	CARLSON	I 28 DATE OF DEATH MON	/ 1000
4 may be r, page 3 ler death	1 SEX Male	4 RACE	rite	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BRITHDA	1.07A
100	7R. BIRTHPLACE (STATE OR COUNTRY) New Jers	FOREIGN 76 CITIZE	N OF WHAT COUNTRY?	Tune 18 1903 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR C Calvert Cour	
by tree offi	Prince Frede	EATH II. NAA	AE OF HOSPITAL, NURSIN PLIN SUCHFACILITY, GIVE STREET, LVETE Memori	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 1TYPE OF WORK FORMOST OF WO Bldge In Spect	ORKING LIFE) INDUSTRY
Sand he to	Maryland	rsing home or other inst 13b COUNTY Calvert	ITUTION GIVE RESIDENCE BEFORE 13c CITY OR TOW Ches, Bee	N 134 INSIDE CITY LIMITS?	130 STREET ADDRESS Rural	
AGO Specific	GUS	MIDDLE	Carlsor	15 MOTHER'S MAIDEN NA FIRST Hilda	MIDDLE	Sand mam
rficate be environment of yes. Prince oval.	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARMED FOR			ADDRESS 1501 Sam	2.6 4.5 1.3 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
requires that the death cert is signed by the attending phen please remove carbon pa to burial, cremation, or rem y injury, or other traumatic		y, which nmediate ling the se last DUE	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE (c)	NCE OF	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)
an or	NO NO THE OF OPER		CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20	II. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
PHYSICIAN: The I ag physician. Interest if it is a crimit. Mental Hygiene pri d or Item 18 shows	OR CONTRACTOR	CAUSE OF DEATH HO	TIME OF INJURY UR. A.M. MONTH D. P.M.	YEAR 19	RED (ENTER HATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
DING Pittending After the builth and Mmarked	(# EITHER, NOT#Y MED 214 INJURY OCCU WHILE NOT AT WORK		PLACE OF INJURY OME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
E Se	saw the deced abave, (1) (we)	l) (this haspital) attenued alive on 50 U. (did) (did not) view the			death occurred on the date	. 19 80 , that (1) (we) li and haur and from the causes stated
ro Hosp. Cok AT etained by the hospital for FUNERAL DIRECT hould be detached for with the State Dept. of MPORTANT: If Item.	222 SIGNATURE	eth a	Spitzer		MEDICAL STAFF DIRECTOR PHYSICIAN	7-4-80
TO HOSP. retained by the TO FUNERAL should be detac with the State I	Elizabe	NAME (TYPE OR PRINT)			derick, Maryla	and 20678
BP	230 BURIAL CREMATION (SPECKY)	7	1 . 1	char Hill	23d LOCATION CITY OR TOWN Suitland	P.G. Maryla
DHMH-16 25M (VRA 15, 4) 1/79	Rausch Fu	neral Home	Box 45A, OU	VI ng = Md. 20836	E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE

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14	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MEN CERTIFICATE OF DEA		1814
	I. DE	CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
bage 3		Haro	old	CORY	July 3, 198	1:36
Pa	3 SE	х	4 RACE	S. DATE OF BIRTH	6. AGE JIN YEARS LAST BIRTHD	
director, our	11	nale	White		140 89	YRS DAYS HOURS N
hour		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		- IT BALTIMORE CITY OF	
72		Kansas	4.5.A.	WIDOWED DIVOR	Coloman	
within be not	10.0	ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUT		
w be	Pr	ince Frederick	Calvert Memori	al Hospital	Banker	VORKING LIFE) INDUSTRY RetBank
my mu	13e	STATE 136.COU	4 10 1	DWN 134. INSIDE CITY L		
2 should l	_	ATHER'S NAME	vert Danki	YES NO	DEN NAME	02 King Drive
125		FIRST	MIDDLE	FIRST	MIDDLE	LAST
medical medical	140	WAS DECEASED EVER IN U.S. A	RMED FORCES? TIM SOCIAL SE		NOWN	
Pages t, the m	1	YES, NO OR UNKNOWN] IF YES, GI	VE WAR OR DATES)		A	
nt, t	-	Yes Will	V.I 086-12	-2901 Maude	Cory - same as	
papers. F emoval. tic event,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	enly one cause per line for (a), (b),	10 1 1		SETWEEN ONSET AND DE
on pa			ATE CAUSE (0) JOTT MY	Anna / In	ocic	Minne
carbon pa on, or rem traumatic		496-	DUE TO, OR AS A CONSEC	DUENCE OF	1	1011
		Conditions, if pny, which	(16) Resk	ilvatory 1	thesa	24 NM
al, cremati		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION		a Pulmorany I	Jeune 30 x
to burial y injury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OF CONDI	TION GIVEN IN PART 1101
ws an	CERTIFICATION	19a DATE OF OPERATION	LIST CONDITION FOR WHI	CH OPERATION WAS PERFORME	D 200 AUTOPSY?	201. IF YES, WERE FINDINGS USED
shows	E S			er er en ren en e		IN CERTIFYING CAUSES OF DEATHS
18 49	- 12	71a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	171r HOW IN JURY	YES NO YOCCURRED (ENTER NATURE OF INJURY)	YES NO
ental Hy		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	- DEDONNED TENTER INVOICED MOUNT	
ا ه ا	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M. 21s PLACE OF INJURY	19 211 LOCATION	THE RESERVE OF THE PARTY OF THE	
h and N	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
ealth is m			ornal) attended the deceased from	19261	9) /3, 19 &O., that (1) (we
of H		saw the deceased alive pr	7/3 19	(1)	opinian death accurred on the date	7-7-
lter lter		22b. SIGNATURE	et) view the bady after death.	DEGREE		226. DATE SIGNED
e De		Rena	Id Stone	MA ATTER	NDING MEDICAL STAFF	7 7 2 700
Stat	1	224. PHYSICIAN'S NAME ITYPE	OR PRINT)	220 ADDRESS	DICIAN DIRECTOR PHYSICIA	IN DULLY 3,170
with the State	100				Warral 1 0000	26
with the State D	22	Gerald P. Ste			Maryland 2083	30
		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREA	CITY OR TOWN	COUNTY STATE
		remation	July 5, 1980	Cedar Hill	Suitland	P.G. Ma.
-16 25M	14 1	UNERAL DIRECTOR	ADDRESS		I IIII 5 IUNII I	L REGISTRAR'S SIGNATURE
5, 4) 1/79	Ro	rusch tuneralt	tome, Box 45A.O	wings, MA. 20836	1	





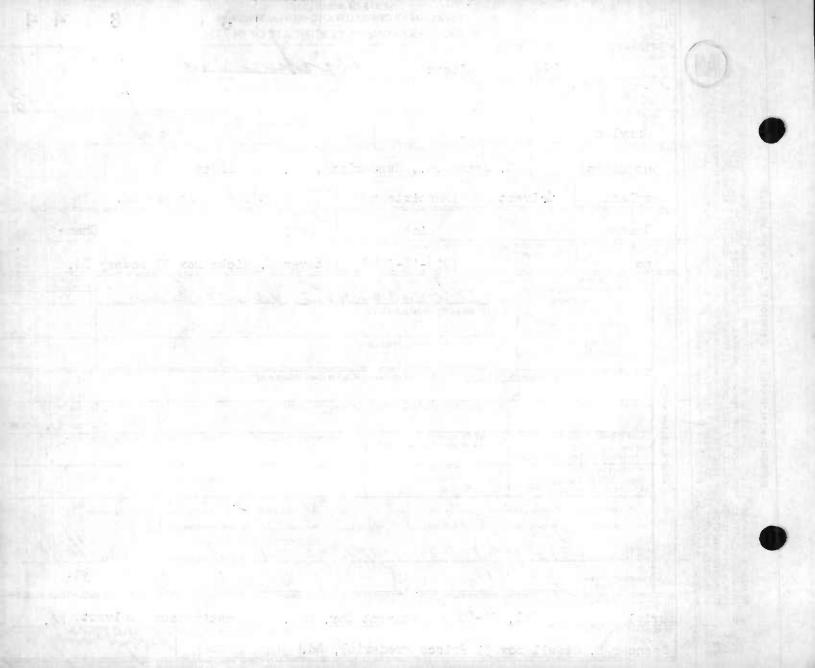
Spencer E. Sewell Box 31 Prince Frederick. MD

(VR A 15 (41)

STATE OF MARYLAND

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FOR		STATE OF A		voiete (1)	. 0 . 4 4	â
1 - STATE REGISTRAR		DEPARTMENT OF HEALTH DICAL EXAMINER'S (F DEATH REG. N	10144	4
1. DECEASED NAME (TYPE OR PRINT)		bert 🕢	irbs	20 DATE KNOWN OF ESTI- DEATH MATED		HOUR 7
3. SEX 4. BAC	3 2 11	YEAR LAST BIRTHDAY) MONT	NDER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY YEAR 26	DIM
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WI	MARR WIDOW	IED NEVER MARRIE	DA	OR COUNTY OF DEATH	MD.
Sunderland	C. Jone	PITAL, NURSING HOME, OR OTH CHITY, GIVE STREET ADDRESS) S Rd., Sunderla		120. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) Labor	YPE OF WORK 12b. KIND OF BUSIN OR INDUSTRY	JESS
USUAL RESIDENCE (IF IN NI 134 STATE Maryland	JRSING HOME OR OTHER INSTITUTION, GI 13b. COUNTY Calvert	ve residence before admission) 13c. City or town Huntintown	13d. INSIDE CITY LIMITS? YES NO 3	Box 33 Lowery	Rd.	
14. FATHER'S NAME FIRST George	MIDDLE	Hicks	15. MOTHER'S MAIDEI	NAME	Chase	
160. WAS DECEASED EVER (YES, NO, OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	216-18-5848	Steven M.	Hicks Box 33		
	immediate g the <u>under-</u> c (c)	AS A CONSEQUENCE OF BUT HOT RELATED TO THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PAR	Ť 1 (e).		
19a. DATE OF OPER	ATION 19b. CONDIT	TION FOR WHICH OPERATION W	'AS PERFORMED?		ZB. AUTOPSY?	10 8
S CONTRIBUTING	OR HOUR A.M.	MONTH DAY YEAR		ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2)	
	WHILE STREET, FACT		CATION	CITY OR TOWN	COUNTY	STATE
22a. I certify that death resulted from	I taak charge of the remains de	Accident . Suicide	sy , Inspection Hamicide , TITLE (SPECIFY)	Undetermined manner	DATE SONED 1/4 U/F	0
EXAMINER'S NAME	- We	ent	ADDRESS He	ulinto	wn ond	
730.BURIAL, CREMATION, I (SPECIFY) Burial	Jul. 24-80	Patuxent Ch		Huntingtown	Calvert Md.	
24. FUNERAL DIRECTOR	ADDRESS	rince Frederick	25a, DATE R	EC'D. BY REGISTRAR 256 REC		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DAY 26. HOUR (TYPE OR PRINT) ESTI-Richard 11 1080 DEATH MATED X Edwin Hil' SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 2c. DATE Jan. 3 1915 PRONOUNCED 6:30 Male White DEAD 1980 76. CITIZEN OF WHAT COUNTRY? Ta. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ONGN COUNTRY) USA WIDOWED [DIVORCED Calvert County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Calvert Memorial Hospital DOA Draftsman Martin Co. Prince Frederick LAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland LSSEX 13d. INSIDE (ITY LIMITS? 13e STREET ADDRESS YES NOTES AVE. 21221 IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST Hill Harry Sarah 5508abCountrySide Rd. 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 137 12 3251 Alan Hill, Son Edina, Min. 55436 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 1 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR ANY MONTH DAY YEAR UNDERLYING X OR Driver of auto Truck impact CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TO PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.I. AT WORK AT WORK Route 2 street St. Leonard Calvert. Autopsy X 22a. I certify that I have also all the remains described above, held Inspection death results from Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL GE 4 SHOU FUNERAL TER DEATH, M.Deputy Chiefedical EXAMINER DATE 7-12-80 EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn Street TYPE OR PRINT ADDRESS 236. NAME OF CEMETERY OF CREMATORY GreenMount Cemetery Mation Mation 23d. LOCATION 7/16/80 STATE Baltimore. Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 14. FUNDAMEDIRECTOR DHMH-1 Brazdzinski Funeral Home PA 1407 Old Eastern AveJUL VR A15 ME (5) 15M 7/77

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may pag	3 SE		1 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST RIRT	HDAY) # UNDER I YEAR	F UNDER 24 HRS
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neral di 72 hou	7r. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF WHAT COUR	MARRIED PHEVER MARRIED WIDOWED DIVORCED	00	RCOUNTY OF DEATH	M
rs affer y the fur d within	10 0	ity or town of DEATH	(IF NOT IN SUCH FACILITY, GIVE	IURSING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OF
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a T	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IN YES, GIVE	WAR OR DATES)	SECURITY NO 17 INFORMANT	Konsli	1	13
ificate be e ysician and pers. Pages oval. event, the			600 M332		, MINE COLD	APPRO:	XIMATE INTERVAL
	1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (D BY		back	BETWEEN	
death cert ending ph carbon pa on, or rem traumatic		IMMEDIAT	E CAUSE (o)	Carcinoma	C1217	-1	mes
endi carb on, o		1541	DUE TO, OR AS A CON	SEQUENCE OF	111		1
the att		Canditions, if any, which	(b)	arene	ma of Hori	uny 3-	2 yes
that the at remove cremati	1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	V		
		underlying cause last	(c)				T (PS-QC)
requires n signed t nen pleas to burial y injury,	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1	(01
s been shir. The prior to ws any	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR W	VHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDS	INGS LISED
	5		110 CONDITION	THE CHANGE WAS TEN CHANGE		IN CERTIFYING CAUSES	S OF DEATH?
	1 2	71g. ACCIDENT WAS UNDERLYING	1 21b. TIME OF INJURY	Tale HOW INTURY OF	YES NO	YES [NO 🗌
HYSICIAN physician. us certificat ial-transit p fental Hygi or Item 18		OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	CURRED (ENTER NATURE OF INJUR	T IN ITEM 18, PART 1 OR PART 2)	
PHYS ng phy this ce urial-t Ment d or I	5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
DING PH trending After this s the buri th and M marked o	MEDICAL	21d. INJURY OCCURRED	ZIR PLACE OF INJURY	OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
		AT WORK - AT WORK					
He He		220.1 certify that (I) (this haspi			, to		, that (1) (we) la
AT Sital		saw the deceased alive an abave, (1) (we) (did) (did no	t) view the bady after death.	, and that in (my) (aur) ap	inian death occurred an the da	te and have and from the	couses stated
DOR Dept.	1	226 SIGNATURE	- 6	DEGREE		22c. DATE	ESIGNED
		Janne	1 Balan	ATTENDIN	NG MEDICAL STAF		1 80
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TO HOSPITAL CH Anretained by the hospital TO FUNERAL DIRECT should be detached for with the State Dept. of		Jeanne	C Batem	an Ma 12/	Aster Rol	, Port Rep	ous Pic.
E 5 E 2 3 ₹	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	Dr. Grounty	STATE
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	FOR STATE REGISTRAR	DEPARTM	LENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	181	4 7
	1 DECEASED NAME FIRST (TYPE OR PRINT) Doroth	MIDDLE V Mav	KRELL	The state of serving	1980	26. HOUR 9:26 A
1		RACE White	S DATE OF BIRTH MONTH DAY MAY 28, 1918	6 AGE (IN YEARS LAST BIRTHD		IF UNDER 24 HRS HOURS MIN
5	76 BIRTHPLACE (STATE OF FOREIGN 76 COUNTRY) Maryland	U.S.A.	MARRIED XX NEVER MARRIED WIDOWED DIVORCED	Calmart	COUNTY OF DEATH	MD
5	Prince Frederic		morial Hospita	12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W House Wife		F BUSINESS OR
5	USUAL RESIDENCE (# NUISING HOME OR OF 130 STATE 136 COUNTY Md. Calve	Y I3c. CITY OR TOWN	rederivek No	Rt. 1 Box 1	.12-E	
1	Charles ME	Schultz	15 MOTHER'S MAIDEN N First Margaret	MIDDLE	Cole	r,
	160 WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE W	WAR OR DATES)	9659 John W. Krel	ADDRESS		
	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	CAUSE (a) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	ous Cell Cancu	moina 7 h	ing ?	MATE INTERVAL MSET AND DEATH
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH C	OPERATION WAS PERFORMED		200. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	
1	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	Y YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY II	N ITEM 18, PART I OR PART 2] COUNTY	STATE
	WHILE NOT WHILE AT WORK 270 I certify that (I) (this hospital saw the deceased alive on above. (I) (we) (did) (did not).	7/23/8019	ond that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	n death accurred on the date	221. DATE	

STATE OF MARYLAND

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DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the burial-transit permit. Th with the State Dept, of Health and Mental Hygiene prior

23e BURIAL, CREMATION, REMOVAL 25-1980

Thomas F. Lusby, M.D.

Port Republic, Md. 20676

Buria

231 NAME OF CEMETERY OR CREMATORY

Asbury Cem.

23d. LOCATION CITY OF TOWN Barstow

Prince Frederick, Maryland 20678

STATE

Barstow Calvert

8 0 18 47 A.S. 188 JUL 28 1989 The state of the s

1	1	FOR - STATE REGISTRAR	DEPARTA	AENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	0 0	1	8 1	4 8
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and a		Joseph		-	YER		1ly 13		2:15 /
once.	3 SE	Male	white	S DATE (6. AGE (IN YEARS LAST BIRT	HDAY) IF UP		FUNDER 24 HRS
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t, the me	lán i	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) 15 YES, GIVE W NO NO	ED FORCES? 16b SOCIAL SECU	RITY NO.	Adolphe G. M	ADDRE Meyer-bro. 2 Achington, D.	2002 Per	ry St.	N.E.
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=	?3e	Bürial	7-15-80 St	. Mar	y's Cemetery	23d LOCATION CITY OF TOWN Washing	gton,D.C	INTY	STATE
6 25M 4) 1/79		e Funeral Home W	00-4th Street N ashington, D.C.	.E. 20002	250. DAT	MEJ. 2. 1380.	25b. REGISTRAR	SSIGNATUR	Ludy

Ref. Jungonian U.S. Cova'r. 242 erm obreet N.E. Joseph Francis Meyer Guiol. Margarette Louise Gadel wolped C. Mg s - wo. 202 aw Jb. N. W. 7-15-8: St. Mary's Jenstery Sashington, D. J. Lee fun mo o e en u co , n. j. 2002

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Z 200 %	3. SEX Male	4. RACE White	5. DATE OF BIRTH	65	6. AGE (IN YEA LAST BIRTHDA'	MONTHS!	R 1 YR. IF UNDI		RONOUNCED DEAD	MONTH 7	12 1980	20
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		ions, if ony, which	DUE TO, OR	AS A CON	SEQUENCE O)F						
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BE EXECUDING" VEDICAL AS A BUI LTH AND		SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH B	UT NOT RELAT	ED TO THE TERMIN	NAL DISEASE DR	CONDITION GIVEN IN	PART 1 (a).				
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AL EXAMINER: THIS CERTIFICATE SHOULD BE EXEMPLICATE WRITING THE WORD "PENDING" HOULD BE FORWARDED TO THE CHIEF MEDICAL ALD DRECTOR: PAGE 3 SHOULD BE USED AS A BITH, WITH THE STATE DEPARTMENT OF HEALTH AND, STATE DEPARTMENT	22a. I cer	NAL CAUSE WAS NG A OR TING CAUSE OF IT OCCURRED NOT WHILE AT WORK Trify that I took charg	21b. TIME OF HOUR XX. DEATH 7: 20 p.m. 21e. PLACE O STREET, S.T.	MONTH 7 PFINJURY PRESE PEET	12 1980 (ATHOME, C.)	216. HOW PASS 216. LOCAT STREE Rt. Autopsy cide	senger in TION T 4 Inspect	nvolve	d in auto	o/auto alvert	collisi	on
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Mr. Pr. Geo. Bouie x 3112 Ting Pl

Thomas John Sexton, Jr. Corothy E. Mares

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Burial 7-16-80 Sacrer Heart Cemetery Bowie Pr. Geo. Mc.
Beall Funeral Home 16,000
Andronia Rr. Boysie

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 2ª DATE OF DEATH MONTH (TYPE OR PRINT) THOMPSON 1980 Philip STATE OF STA Hayden July 22. 4 RACE 5 DATE OF BIRTH A AGE CIN YEARS LAST BIRTHDAYS IF UNDER LYEAR 3 SEX IF UNDER 24 HRS MONTH YEAR HOURS 15.1905 male white April TR. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED *NEVER MARRIED COUNTRY Calvert Marvland WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Prince Frederick Calvert Memorial Hospita INDUSTRY farmer USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 134. INSIDE CITY LIMITS? Box 157 Charles Newbura NO F Marvland P. O. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Eleanor Pilkerton James Bruce Thompson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-22-3421 Alice A. Thompson-Box 157 Newburg. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 101 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN X DIRECTOR PHYSICIAN ATTENDING should be detac with the State [224 PHYSICIAN'S NAME THE OF PRINTS 22e ADDRESS Kiourmarce Yazdani, M.D. Huntingtown, Maryland 20639 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE Newport, Charles, MD. 7-25-1980 St. Mary's Cemetery Burial 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR WL 2 8 1980 DHMH-16 25M Archart Fugeral Home, Inc. La Plata, MD (VRA 15, 4) 1/79

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				STATE OF MARYLAND			
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		CEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
5 t		Russ	ell Henry	WARNS	July 9, 1	980	5:06 P.
1 Page 1	3 SE)		RACE	5 DATE OF BIRTH	& AGE IN YEARS LAST BIRTH	MONTHS DAYS	# UNDER 24 HRS
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filled in		L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13. STREET ADDRESS	2	
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naing pnysician. Iter this certificat be burial-transit p and Mental Hygi wked or Item 18	MEDICAL CI		P.M. 21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION	CITY OR TOW	n county	STATE
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iospital or attending physician. INECTOR: After this certificated for use as the burial-transit pert, of Health and Mental Hygi if Item 21 is marked or Item 18		OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hospite saw the deceased alive an	P.M. 21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, I	19 21f LOCATION STREET 80 , and that in (my) (aur) opinion DEGREE	L. to July 9	19_80	that (I) (we) lost causes stated SIGNED
ital or attending physician. CCTOR: After this certifical or use as the burial-transit of thealth and Mental Hygi m 21 is marked or Item 18		OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospite saw the decessed alive an oppose 11) went had ided not oppose 12).	P.M. 21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, I DI) attended the deceased from JULY 19 View the body after death.	19 21f LOCATION STREET , 19 6. 80 , and that in (my) (aur) opinion DEGREE ATTENDING	L_, to_J11] y 9 death occurred an the do MEDICAL STAF DIRECTOR PHYSIC	19_80 Ite and hour and from the 27c, DATE FAIN July	that (I) (we) los causes stated

